

quantity of sugar excreted in the twenty-four hours was recorded daily, so that the effect of the remedy could be accurately judged of. By way of further illustration, Dr. Pavy mentioned two other cases, one treated by opium, the other by morphia, in which the beneficial results obtained were equally striking.

A discussion followed, in the course of which Dr. Weber referred to the occasional recurrence of diabetes in patients apparently cured, whether by diet, regimen or otherwise; and suggested that the case should be further reported on after an interval of six months; while the President drew attention to the age of the patient, with reference to the question whether diabetes is not more tractable, and at the same time more liable to recur, in elderly persons than in the young.

Dr. Pavy, in his reply, admitted that in advanced life diabetes might be regarded as a comparatively trivial disorder.

Dr. Beigel read a paper, founded on 152 cases of epilepsy, from which he inferred, that although unconsciousness and convulsion are so frequent as phenomena of the epileptic paroxysm that most writers regard them as characteristic, there are many cases undoubtedly of epileptic nature in which these symptoms are absent. He considered that the only invariable pathognomonic signs of epilepsy were those which arose from disturbances of the circulation, and set forth various facts and observations which had led him to localise these disturbances in the vaso-motor nerves. As regards the treatment of epilepsy, Dr. Beigel believed that the most important remedy for continuous administration was the bromide of potassium. He further strongly recommended the subcutaneous injection of morphia, guarded by atropine in the manner suggested by Dr. John Harley, immediately before an apprehended attack, as a means of warding it off, or at least of modifying its violence.

Dr. Green related a case, which he described as one of Irritative Hypertrophy of the Heart. The patient, a girl of fifteen, was admitted into hospital in the fourth or fifth attack of acute rheumatism. Soon after pericarditis supervened, and she eventually died, with great hypertrophy, adherent pericardium, and "finally granular" degeneration of the muscular fibres of the whole heart. In explanation of this and other cases in which hypertrophy occurs in young rheumatic persons, independent of any mechanical cause, the author maintained the theory that the overgrowth is intimately connected with chronic myo-carditis.—*Lancet*.

## Remarks on the Actual State of Medical Science in Japan.

By ALEX. M. VEDDER, M. D.

LATE SURGEON U. S. N., PHYSICIAN TO HIS HIGHNESS THE PRINCE OF NAGATO AND SUWO.

So much interest is attached to everything pertaining to Japan, that an outline of the state of Japanese medical science, and the position held by its practitioners, can scarcely fail to be acceptable to those curious in regard to what concerns these peculiar people. Insignificant as their acquire-

ments may appear, when viewed by the light of modern science, yet they are really remarkable in holding such a respectable position in Asiatic knowledge; and this all the more from the fact of the peculiar isolation of these people during several preceding centuries.

The Japanese system of medicine is essentially based upon the Chinese, and nearly all medical books are written in the square Chinese character, which is read by all professional men. This system has subsequently been greatly modified by the Japanese themselves, and also by a considerable infusion of European medical literature introduced by the Dutch during the last two or three centuries. Still more recently, medical works translated and printed by the missionaries for the use of the Chinese, have found their way into this country, and are doubtless destined to exert no inconsiderable influence.

There are in Japan no regular schools for medical instruction, but in many cases the son follows the profession of the father, and almost every practitioner has one or more students. A school in connection with a hospital has been for some years past in operation at Nagasaki, and many native physicians have availed themselves of its instructions. It seems probable, however that this establishment will soon be discontinued under the recent changed form of government, the Dutch, being the only foreign tongue permitted to be taught in Japan, up to the time of Commodore Perry's arrival, and the first Japanese Embassy to the United States. One frequently meets with native physicians who are more or less acquainted with that language, and who may possess and read a few Dutch medical books. Nearly all foreign medicines are known by Dutch names, so corrupted by Japanese pronunciation that their originals can scarcely be recognized.

The social status of the profession is very fair, and fully equal to what their acquirements or merits entitle them. Physicians carry two swords, mingle freely in the highest society, and their opinions are received with the greatest deference. The Japanese physician receives no fees for his visits, but is paid only for the medicines furnished, each one compounding and supplying his own prescriptions after the manner of the English apothecary. It is, however, by no means uncommon for them to receive an "*honorarium*" after treating a case. As might be inferred from this arrangement, there is no lack of medicine supplied to the poor patient, and it is extremely doubtful whether more harm is occasioned by disease or physic.

As to the professional acquirements of the Japanese faculty, dissection not being at all practised in Japan, and even correct plates of the human structure being seldom seen, the knowledge of anatomy is exceedingly imperfect. Still, they have native names for the viscera, the arteries, veins, nerves, lymphatics, and principal anatomical structures, though topographical anatomy is absolutely unknown. In physiology they are entirely in the dark, knowing, for example, nothing of the sympathetic system of nerves, of histology, or animal chemistry, and attributing to the liver very important moral qualities—such as its being the seat of courage, etc. The circulation also is but imperfectly understood, the physicians always feeling the pulse at both wrists, from an impression that